WHO

Operational Plan for National Immunization Campaign
Afghanistan: 1994-1995
(finalized 29 September 1994)

Immunization Campaigns:

The immunization campaign on 19 November 1994, will be the first of three rounds. The overall objectives of the campaign will be to reduce childhood mortality due to vaccine preventable diseases, promote peace and strengthen the routine immunization programme.

Each round of the immunization campaign will be 1 week in duration. The 1st round will be conducted in provincial capitals and selected districts with cold chain facilities. The planning for this campaign will also be used to determine the cold chain requirements for all other districts. Between November 1994 and April 1995, the Ministry of Public Health, UNICEF and WHO will work to ensure cold chain facilities and trained vaccinators are available in all districts. The 2nd and 3rd immunization rounds will then be expanded to all districts in April and May 1994.

Round 1: 19 November 1994

Geographic Sites:

Immunization activities will be conducted in:
1. all provincial capitals, and
2. the other districts which are accessible and have an existing cold chain that can be used to store vaccine.

Antigens/Micronutrients and Target Age Groups:

Provincial Capitals:
1. Measles: children between 6 and 24 months of age,
2. Oral polio vaccine (OPV): all children less than 60 months of age,
3. Tetanus Toxoid (TT): mothers bringing children for immunization,
4. Vitamin A:
   - children 6-11 months: 100,000 units (1/2 capsule)
   - children 12-60 months: 200,000 units (1 capsule)

Districts with Cold Chain Refrigerator or Refrigeration Capacity
1. Oral polio vaccine (OPV): all children less than 60 months of age,
2. Vitamin A:
   - children 6-11 months: 100,000 units (1/2 capsule)
   - children 12-60 months: 200,000 units (1 capsule)

Immunization Personnel:

Every post will have three people: a team of 2 people to give vaccines and 1 to record the doses administered on a 'tally sheet'. If there is a limited number of teams, each team may be assigned to conduct 3 days of immunization in one area, then 3 days of immunization in another area.

Provincial Capitals:

Measles and TT vaccine must be given by trained vaccinators or other health care workers who have been trained to give immunization injections. Every municipality must identify the people who will be staffing each immunization post and conduct 2 days of training to review how to store and administer OPV, measles, TT and Vitamin A.

Teams: in areas where there is a very limited number of health care workers, the immunization team can use 1 health care worker to give the injections, and a 'community volunteer' (1 day training) to give OPV and Vitamin A.

Other Districts:

Vaccinators, nurses, health care workers, teachers and other persons can be identified to give OPV and Vitamin A as these are both given orally. Every district must identify the people who will staff each immunization post, and conduct 1 day of training to teach how to store and administer OPV and Vitamin A.

Training Strategy:

Individuals at all levels must be trained in how to conduct the immunization campaign (region, province, district, immunization post).

The main topics for training will be:

1. immunization campaign planning (target population, immunization staff, transportation, cold chain).

2. social mobilization (see section on social mobilization).

3. vaccine handling and storage.

4. vaccine administration (including safe disposal of needles and syringes in areas giving injections).

5. operation of an immunization post and recording the number of children who are immunized.

To train the large number of people who are required for an immunization campaign, it is necessary to train personnel at each level to train the level below them (for example the regions train the provinces, then the provincial personnel train the district personnel).

AVICEN and other NGOs with expertise in immunization training have been requested to assist with the training of the health care workers in the provincial centers that will be giving measles and TT.

Cold Chain Strategy:

OPV, measles vaccine and tetanus toxoid must be kept in the cold chain at 0 to 8 degrees Celsius. Vitamin A can be stored outside the cold chain at room temperature.

1. Provincial Capitals and District Level:

Due to the shortage of cold chain facilities in Afghanistan, the first round of immunization will be limited to the provincial capitals and the districts with a cold chain refrigerator or other means for storing vaccine (at 0-8 degrees Celsius). The community should be involved in an effort to identify alternatives to the routine cold chain (ie. private equipment that can be used to store vaccine for the campaign).

If there is no refrigerator at the district level, but ice is available, a cold box with ice can be used for district level storage for a short period. In cold boxes which use ice, the vaccine vials should be placed in a plastic bag to protect the labels.

2. Immunization Posts:

In areas where ice is available: immunization posts will collect vaccines from the district level 2 days before the immunization activities. Immunization posts will use a cold box or vaccine carrier, if available. If there is not a vaccine carrier, private cold boxes or thermoses can be used. In vaccine carriers or thermoses that use ice, the vaccine vials must be placed in a plastic bag to protect the labels.

In areas where ice is not available: immunization posts will collect OPV from the district on the morning of 19 November 1994 and conduct immunization only on that day. Extra vaccine must be destroyed at the end of the day.

Transportation Strategy:

Each level should be responsible for identifying a means for collecting the materials and vaccine that will be used at that level. For example:

- provinces should collect their vaccine from the regional,
- districts should collect their vaccine from the province,
- immunization posts should collect their vaccine from the district level.

Community participation will be very important to identify transportation. If there is no means of transportation, the next level should be informed to try and make alternative arrangements.

Social Mobilization Strategy:

There will be four key messages to inform the general population:

1. A Jihad has been declared in Afghanistan to fight the diseases which kill children during the week of 19 November 1994.

2. All leaders, commanders, soldiers and other personnel are asked to participate in this Jihad and lay down their arms for 1 week so that all children can be immunized safely.

3. All mothers should bring their children under five years of age to an immunization post so both they and their children can be immunized.

4. If nationwide peace can be maintained to immunize the children, then the campaign will be extended to the whole country during the second round in April 1995.

There are three methods that will be used to inform the population of Afghanistan:

1. Local Social Mobilization: loudspeaker cars should be used to inform the local population. Posters and leaflets will be prepared for the areas that are conducting immunization. Immunization workers, community leaders, and especially the mosques will inform the population of when and where immunization will be conducted.

2. Mass Media Public Announcements: AVICEN will assist in the production of radio and TV spots that will be given to all national, regional and provincial stations (to be broadcast for 10 days before the campaign).

3. Press Releases: press releases should be given to the local media to be used immediately before and during the campaign.

Community Participation:

The success of the campaign will depend on community participation. All members of the community should be involved, beginning with national leaders, regional leaders, religious leaders, and business people.

Local communities should take responsibility for the campaign in their areas as follows:

- identify volunteers to help with the immunization post,

- make cold chain facilities available for transporting and storing vaccine (refrigerators, cold boxes, thermoses),

- provide a means of transportation to collect their vaccine,

- inform mothers to bring their children for immunization.

Afghanistan Immunization Campaign
Round 1: 19 November 1994
Schedule of Events

Date to be Completed by	Activity	Responsibility
30 Sep	Finalize district and post schedule/training guides.	National Staff WHO/UNICEF
03 Oct	1st Meeting with Province staff: logistics & personnel forms.	Regional Directors WHO, UNICEF Regional Staff
06 Oct	Finalize vaccine/syringe needs. Order vaccine and syringes.	Regional/Provincial WHO/UNICEF
	Finalize Social Mobilization Plan (posters, TV, radio, banners mosque messages, press releases).	National Staff WHO/UNICEF/AVICEN
09 Oct	Begin Immunization Training: training of trainers	National/AVICEN/WHO (provincial level)
13 Oct	1st Meeting with District staff: district logistics & personnel	Regional/Provincial WHO/UNICEF/AVICEN
	Order posters, leaflets	National/WHO/AVICEN/ UNICEF
	Plan airtime with TV/radio	National/Regional
20 Oct	Produce TV and radio spots	National/ AVICEN/WHO/UNICEF
	Contact newspapers.	Regional staff
	2nd Meeting with Province staff: review logistics & post training.	Regional staff WHO/UNICEF

27 Oct	Distribute Social Mobilization materials to regions.	National/WHO/UNICEF
	All immunization staff and post sites identified.	District staff.
	2nd Meeting with District staff: Confirm immunization staff, cold stores and transport. Review training for immunization staff.	Provincial director, WHO, UNICEF
05 Nov	Vaccine & syringes to regions.	National/WHO/UNICEF
	Train immunization staff 1-2 days Confirm vaccine transport to posts	District staff/WHO/ UNICEF/AVICEN
	Distribute message for mullahs. Distribute TV/radio spots and newspaper advertisements.	District/Provincial Regional staff
12 Nov	Collection of vaccine & syringes from regional level.	Provincial Director. (regional assist)
	Local Social mobilization: put up posters and meet local leaders.	Post staff.
14 Nov	Collection of vaccine & syringes from province level.	District Director. (provincial assist)
17 Nov	Collection of vaccine & syringes from district level. (19 November for posts outside cold chain)	Post chief.
	Post preparation.	Post staff.
19 Nov	Immunization Campaign.	all levels
26 Nov	Return tally sheets, vaccine and syringes to province level.	District director
28 Nov	Return tally sheets to region.	Province director